MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
4		/					54						
5							55						
6							56						
7							57						
8		/					58						
9		/					59						
10							60						
11	/						61						
12		/					62						
13			/				63						
14	/						64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19							69						
20	/						70						
21	/						71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28		/	/				78						
29			/				79						
30	/						80						
31							81						
32							82						
33		/					83						
34		/					84						
35	/						85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	34						TOTAL DEP.						
TOTAL CLAIMS	43						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

1360 (REV. 3-78)